## AMENDED IN SENATE JULY 23, 2009 AMENDED IN SENATE JULY 2, 2009 AMENDED IN ASSEMBLY JUNE 1, 2009

CALIFORNIA LEGISLATURE—2009-10 REGULAR SESSION

## ASSEMBLY BILL

No. 911

## Introduced by Assembly Member Lieu (Coauthors: Assembly Members Eng and Price)

February 26, 2009

An act to add and repeal Section 1257.10 of the Health and Safety Code, relating to health facilities.

## LEGISLATIVE COUNSEL'S DIGEST

AB 911, as amended, Lieu. Emergency rooms: overcrowding. room crowding.

Existing law establishes various programs for the prevention of disease and the promotion of health to be administered by the State Department of Public Health, including, but not limited to, the licensure and regulation of health facilities. Violation of these provisions is a crime.

This bill would require every licensed general acute care hospital with an emergency department to determine the range of overcrowding crowding scores, as defined, that constitute each category of the overcrowding crowding scale, as determined by the bill provided, for its emergency department. The bill would require every licensed general acute care hospital with an emergency department to calculate and record—an overcrowding a crowding score every 4 hours, except as specified, to assess the crowding condition of its emergency department. The bill would require, by January 1, 2011, every licensed general acute care hospital with an emergency department to develop and implement

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a full-capacity protocol for each of the categories of the overcrowding crowding scale.

This bill would require every licensed general acute care hospital with an emergency department to file its full-capacity protocol with the Office of Statewide Health Planning and Development, and to annually report revisions to its protocol.

The bill would repeal its provisions on January 1, 2014.

By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 1257.10 is added to the Health and Safety Code, to read:

1257.10. (a) For purposes of this section, an "overcrowding score" a "crowding score" means the score calculated using the equation as follows: 85.8 (total number of patients within the emergency department/total number of staffed beds in the emergency department, not to exceed the number of licensed beds) + 600 (total number of admissions waiting in the emergency department, including patients awaiting transfer/total number of acute inpatient hospital beds routinely in use by the hospital, excluding beds in the newborn nursery, neonatal intensive care unit, and obstetrics) + 13.4 (total number of patients in the emergency department admitted to the intensive care unit, with a maximum of two) + .93 (the longest admit time, in hours, including transfers) + 5.64 (the wait time for the last patient waiting the longest in the waiting room, in hours) - 20. No crowding scores shall exceed 200 for calculation purposes.

(b) For purposes of this section the "overcrowding "crowding scale" means a range of overcrowding crowding scores that are divided into the following categories: six categories of which level

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1 one will be the lowest level of crowding and level six will be the 2 highest.

- (1) Not busy.
- 4 (2) Busy.

- 5 (3) Extremely busy.
  - (4) Overcrowded.
- 7 (5) Severely overcrowded.
  - (6) Dangerously overcrowded.
  - (c) Every licensed general acute care hospital with an emergency department shall determine the range of overcrowding crowding scores that constitute each category of the overcrowding crowding scale for its emergency department.
  - (d) Every (1) Except as otherwise provided in this subdivision, every licensed general acute care hospital with an emergency department shall calculate, and record, an overcrowding score a crowding score a minimum of every four hours to assess the crowding condition of its emergency department.
    - (e) (1)
  - (2) If, after calculating and recording an overcrowding score pursuant to subdivision (d) a crowding score, a licensed general acute care hospital does not have an overcrowding score over 60 a crowding score in level four or higher for the previous 30 days, it may calculate and record an overcrowding a crowding score every eight hours rather than every four-hours.
  - (2) If a licensed general acute care hospital calculating and hours. If the licensed general acute care hospital calculating and recording an overcrowding a crowding score every eight hours pursuant to this subdivision scores over 60 records a score in level four or higher, it shall again calculate and record an overcrowding score every four hours pursuant to subdivision (d). and record a crowding score every four hours.
  - (3) Any hospital that has an emergency department census of less than 12,000 visits annually shall calculate and record the crowding score daily between 4 p.m. and 8 p.m.
    - <del>(f)</del>
  - (e) Every licensed general acute care hospital with an emergency department shall, by January 1, 2011, develop and implement, in consultation with its emergency department staff, a full-capacity protocol for each of the categories of the overcrowding crowding scale that addresses all of the following factors, except that if any

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of these factors do not occur at the hospital, the hospital may state in its protocol that the factor is not applicable: as applicable:

- (1) Notification of hospital administrators, nursing staff, medical staff, and ancillary services of category changes on the overcrowding crowding scale.
  - (2) Bed utilization.
- 7 (3) Diversion.
- 8 (4) Elective admissions.
  - (5) Transfers.
- 10 (6) Triage.

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- (7) Responsibilities of inpatient medical staff and specialty
- (2) Hospital operations, including bed utilization, transfers, elective admissions, discharges, supplies, and additional staffing.
- (3) Emergency department operations, including diversion, triage, and alternative care sites.
- (4) Planned response, whether the response can be enforced by the hospital or not, of inpatient medical staff and specialty service operations for rounds, discharges, coordination with the emergency department, and emergency consults for emergency department patients.
- 21 (8) Hospital unit operations.
  - (9) Nursing services.
- 23 (10) Supplies.
- 24 (11) Calling in additional medical, nursing, and ancillary staff.
  - (12) Space utilization, including, but not limited to, alternate care sites.
    - <del>(g)</del>
    - (f) Every licensed general acute care hospital with an emergency department shall file its full-capacity protocol with the Office of Statewide Health Planning and Development and shall annually report any revisions to its protocol.
      - <del>(h)</del>
    - (g) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.
  - SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty

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- for a crime or infraction, within the meaning of Section 17556 of
- the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California
- Constitution.